

## TOWN OF SALEM BOARD OF ASSESSMENT APPEALS

Pursuant to P.A. 95-283, of the State of Connecticut, an application to appeal an assessment must be filed on or before **February 22, 2016**. **Highlighted sections must be completed**. The Board of Assessment Appeals does not have to give a hearing date to incomplete forms. Please print legibly or type.

Applications may be sent to: Board of Assessment Appeals 270 Hartford Rd.

Salem, CT 06420-3809 Phone: 860-859-3873 Fax: 860-859-1184

**Application to Appeal** 

Property Owner	Grand List of: List No:		
Name	Property Description:		
Address	No. & Street		
City/State/Zip	Map/Lot		
Appellant	Property type:		
Name	Reason for appeal: (Please see proof)		
Address			
City/State/Zip			
Correspondence & Contact			
Name	Appellant's estimate of Value:		
Address			
City/State/Zip	Signature of Property owner or agent   Date		
Phone No.	X		
Board of Assessment Appeals has	Date Time Place		
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## **APPEAL SUMMARY**

ASSESSMENTS	GRAND LIST	BOARD OF ASSESSMENT APPEALS
Land		
Building		
Misc. (Out Bldgs., etc)		
Motor Vehicle		
Personal Property		
Total		

X	X
X	

## **Proof of Value statement**

I understand that the current assessment on the property in question is based on seventy percent (70%) of the fair market value from 2011, because this was the year of Salem's revaluation. I have also made any corrections to my field card (if necessary) that may affect the current assessment.

Comparable Sale #1 Address:	_Map/Lot:
Sale Price:	Date of Sale:
Comparable Sale #2	
Address:	_Map/Lot:
Sale Price:	Date of Sale:
Comparable Sale #3 Address:	_Map/Lot:
Sale Price:	Date of Sale:

The Board requests that three comparable sales be used when appealing an assessment. You may include more if you wish. You may also include any other data you feel relevant (i.e. appraisal).

If this form is not returned before the date of the appeal, the taxpayer will be responsible for providing the Board with copies of field cards showing the comparable sales that will be used in the taxpayer's argument.